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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20521
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Bib Data Sheet

CONFIRMATION NO. 9517

SERIAL NUMBER 09/737,327	FILING DATE 12/15/2000 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. 20589Y
APPLICANTS James M. Mundt, Warrington, PA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 607246,934 11/09/2000 AND CLAIMS BENEFIT OF 607172,839-12/20/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met		STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 24
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials:		INDEPENDENT CLAIMS 2		
ADDRESS 000210				
TITLE Blister package for pharmaceutical treatment card				
FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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Bib Data Sheet

CONFIRMATION NO. 9517

SERIAL NUMBER 09/737,327	FILING DATE 12/15/2000 RULE	CLASS 206	GROUP ART UNIT 3629	ATTORNEY DOCKET NO. 20589Y	
APPLICANTS James M. Mundt, Warrington, PA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/21/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
ADDRESS 000210					
TITLE BLISTER PACKAGE FOR PHARMACEUTICAL TREATMENT CARD					
FILING FEE RECEIVED 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		